

Austin

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X AMBERLY WATSON <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: GLOBAL Connection INC OF AMERICA Et. AL. C/O MCKOON, Thomas & McKoon 925 broad street Phoenix City, AL. 36868</p>	<p>B. Received by (Printed Name) AMBERLY WATSON</p> <p>C. Date of Delivery 7-20-07</p>
<p>2. Article Number (Transfer from service label) 3:07cv42-mef (complaints 20 up)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0001 7559 1213</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540